

FEC
FORM 3

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED

2013 APR 18 AM 11:34
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

ADDRESS (number and street)

10027 4th Street

Check if different
than previously
reported. (ACC)

Highland

IN

46322

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 3 5 7 4 3 4

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

IN

0-1

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

01 01 2013

through

03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mark J. Leyva

Signature of Treasurer

Mark J. Leyva

Date

04 10 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2013

To:

MM / DD / YYYY
03 / 31 / 2013

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))....

1,140.00

1,920.00

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)).....

1,140.00

1,920.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1,163.15

2,175.15

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)).....

1,163.15

2,175.15

8. Cash on Hand at Close of
Reporting Period (from Line 27).....

29.17

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

58,543.05

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

Report Covering the Period:

From:

01 / 01 / 2013

To:

03 / 31 / 2013

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A)

1,140.00

1,920.00

(ii) Unitemized

0

0

(iii) TOTAL of contributions
from individuals

1,140.00

1,920.00

(b) Political Party Committees

0

0

(c) Other Political Committees
(such as PACs)

0

0

(d) The Candidate

0

0

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

1,140.00

1,920.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the
Candidate

0

0

(b) All Other Loans

0

0

(c) TOTAL LOANS
(add Lines 13(a) and (b))

0

0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)

1,140.00

1,920.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

1,163.15

2,175.15

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

0

0

(b) Of All Other Loans

0

0

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0

0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0

0

(b) Political Party Committees

0

0

(c) Other Political Committees
(such as PACs)

0

0

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0

0

21. OTHER DISBURSEMENTS

0

0

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

1,163.15

2,175.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

52.32

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

1,140.00

25. SUBTOTAL (add Line 23 and Line 24).....

1,192.32

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

1,163.15

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

29.17

13031060913

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

Full Name (Last, First, Middle Initial)

A. 8 BALL TOURNAMENT

Mailing Address

3285 GLENWOOD DYER RD

City

LYNWOOD

State

IL

Zip Code

60411

FEC ID number of contributing
federal political committee.

C 0 0 3 5 7 4 3 4

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

off year

Election Cycle-to-Date ▼

1,020.00

Date of Receipt

01 / 13 / 2013

Amount of Each Receipt this Period

240.00
12 ENTRIES @ \$20 each
Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. 8 BALL TOURNAMENT

Mailing Address

3285 GLENWOOD DYER RD

City

LYNWOOD

State

IL

Zip Code

60411

FEC ID number of contributing
federal political committee.

C 0 0 3 5 7 4 3 4

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

off year

Election Cycle-to-Date ▼

1,420.00

Date of Receipt

02 / 10 / 2013

Amount of Each Receipt this Period

400.00
20 ENTRIES @ \$20 each
Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. 8 BALL TOURNAMENT

Mailing Address

3285 GLENWOOD DYER RD

City

LYNWOOD

State

IL

Zip Code

60411

FEC ID number of contributing
federal political committee.

C 0 0 3 5 7 4 3 4

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

off year

Election Cycle-to-Date ▼

1,820.00

Date of Receipt

03 / 10 / 2013

Amount of Each Receipt this Period

400.00
20 ENTRIES @ \$20 each
Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1,040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 2 OF 2	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

Full Name (Last, First, Middle Initial)

A. **COLAKOVIC, ALEX**

Mailing Address

8791 MONROE AVE.

City

MUNSTER

State

IN

Zip Code

46321

FEC ID number of contributing
federal political committee.

C 0 0 3 5 7 4 3 4

Name of Employer

SELF

Occupation

Receipt For:

☐

Primary

☐

General

☒

Other (specify) ▼

off year

Election Cycle-to-Date ▼

50.00

Date of Receipt

02 / 10 / 2013

Amount of Each Receipt this Period

50.00

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

B. **COLAKOVIC, ALEX**

Mailing Address

8791 MONROE AVE.

City

MUNSTER

State

IN

Zip Code

46321

FEC ID number of contributing
federal political committee.

C 0 0 3 5 7 4 3 4

Name of Employer

SELF

Occupation

Receipt For:

☐

Primary

☐

General

☒

Other (specify) ▼

off year

Election Cycle-to-Date ▼

100.00

Date of Receipt

03 / 10 / 2013

Amount of Each Receipt this Period

50.00

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

C. **Mailing Address**

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C 0 0 3 5 7 4 3 4

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

1,140.00

13031060915

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 4

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

Full Name (Last, First, Middle Initial)

A.

BRIDGES, KEVIN

Mailing Address

7370 LENBURG RD

City

PORTAGE

State

IN

Zip Code

46368

Purpose of Disbursement

1ST PL - 8 BALL TOURNEY

Candidate Name

MARK J. LEYVA

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☒

Other (specify)

off year

State: IN

District: 01

Date of Disbursement

MM / DD / Y
01 / 13 / 2013

Amount of Each Disbursement this Period

100.00



Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

VETIAS, TASOS

Mailing Address

875 W. 70TH AVE

City

MERRILLVILLE

State

IN

Zip Code

46410

Purpose of Disbursement

2ND PL - 8 BALL TOURNEY

Candidate Name

MARK J. LEYVA

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☒

Other (specify)

off year

State: IN

District: 01

Date of Disbursement

MM / DD / Y
01 / 13 / 2013

Amount of Each Disbursement this Period

100.00



Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

JAEGGER, TOM

Mailing Address

660 E. U.S. HWY 6

City

WESTVILLE

State

IN

Zip Code

46391

Purpose of Disbursement

3RD PL - 8 BALL TOURNEY

Candidate Name

MARK J. LEYVA

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☒

Other (specify)

off year

State: IN

District: 01

Date of Disbursement

MM / DD / Y
01 / 13 / 2013

Amount of Each Disbursement this Period

40.00



Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

240.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 4

☒ 17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

Full Name (Last, First, Middle Initial)

A. SPERARD, CLAYTON

Mailing Address 2839 OAKWOOD ST.

City PORTAGE State IN Zip Code 46368

Purpose of Disbursement 1st PL - 8 BALL TOURNEY

Candidate Name MARK J. LEYVA

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) off Year

State: IN District: 01

Date of Disbursement

02 / 10 / 2013

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. DORAL, ROBERT

Mailing Address 2217 MICHAEL DR

City PORTAGE State IN Zip Code 46368

Purpose of Disbursement 2nd PL - 8 BALL TOURNEY

Candidate Name MARK J. LEYVA

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) off Year

State: IN District: 01

Date of Disbursement

02 / 10 / 2013

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. COLAKOVIC, ALEX

Mailing Address 8791 MONROE AVE

City MUNSTER State IN Zip Code 46321

Purpose of Disbursement 3rd PL - 8 BALL TOURNEY

Candidate Name MARK J. LEYVA

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) off Year

State: IN District: 01

Date of Disbursement

02 / 10 / 2013

Amount of Each Disbursement this Period

75.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

450.00

450.00

13031060917

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

Full Name (Last, First, Middle initial)

A.

SHEPARD, CLAYTON

Mailing Address

2839 OAKWOOD ST

City

PORTAGE

State

IN

Zip Code

46368

Purpose of Disbursement

1ST PL - 8 BALL TOURNEY

Candidate Name

MARK J. LEYVA

Office Sought:

☒

House

☐

Senate

☐

President

State: IN

District: 01

Disbursement For:

☐

Primary

☐

General

☒

Other (specify)

off year

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2013

Amount of Each Disbursement this Period

250.00



Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

ANDRAS, JERRY

Mailing Address

3009 CAPPELLETTI LANE

City

S. CHICAGO HTS IL

State

Zip Code

Purpose of Disbursement

2ND PL - 8 BALL TOURNEY

Candidate Name

MARK J. LEYVA

Office Sought:

☒

House

☐

Senate

☐

President

State: IN

District: 01

Disbursement For:

☐

Primary

☐

General

☒

Other (specify)

off year

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2013

Amount of Each Disbursement this Period

125.00



Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

VETTAS, TASOS

Mailing Address

875 W. 70TH AVE.

City

MERRILLVILLE IN 46410

State

Zip Code

Purpose of Disbursement

3RD PL - 8 BALL TOURNEY

Candidate Name

MARK J. LEYVA

Office Sought:

☒

House

☐

Senate

☐

President

State: IN

District: 01

Disbursement For:

☐

Primary

☐

General

☒

Other (specify)

off year

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2013

Amount of Each Disbursement this Period

75.00



Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

450.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 4 OF 4

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

Full Name (Last, First, Middle Initial)

A.

POSTMASTER

Mailing Address

HIGHLAND BRANCH

City

HIGHLAND

State

IN

Zip Code

46322

Purpose of Disbursement

FEC POSTAGE

001

Candidate Name

MARK J. LEYVA

Category/
Type

Office Sought:

☒

House

Disbursement For:

☐

Primary

☐

General

☐

Senate

☒

Other (specify)

☐

President

State: IN

District: 01

off year

Date of Disbursement

01 / 05 / 2013

Amount of Each Disbursement this Period

515

☐

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

FIRST FINANCIAL BANK

Mailing Address

300 HIGH ST.

City

HAMILTON

State

OH

Zip Code

45012

Purpose of Disbursement

BANK SERVICE CHARGE

001

Candidate Name

MARK J. LEYVA

Category/
Type

Office Sought:

☒

House

Disbursement For:

☐

Primary

☐

General

☐

Senate

☒

Other (specify)

☐

President

State: IN

District: 01

off year

Date of Disbursement

03 / 29 / 2013

Amount of Each Disbursement this Period

18.00

(3) \$6 CHARGES

☐

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☒

House

Disbursement For:

☐

Primary

☐

General

☐

Senate

☐

Other (specify)

☐

President

State: IN

District: 01

Date of Disbursement

MM / DD /

Amount of Each Disbursement this Period

☐

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

23.15

TOTAL This Period (last page this line number only)

1163.15

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

POST GEN 2012

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

POST GENERAL

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

240.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

246.00

TERMS

Date Incurred

11 / 13 / 2012

Date Due

NONE

Interest Rate

0 % (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

240.00

35,580.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

PRE ELECT 2012

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

PRE GENERAL

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

360.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

360.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

360.00

TOTALS This Period (last page in this line only)..... ►

35,340.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060921

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

3RD QT 2012

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

OPEN COMMITTEE

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

400.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08 / 13 / 2012

NONE

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

400.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

3R QT 2012

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

OPEN COMMITTEE

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

450.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

450.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09 / 10 / 2012

NONE

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... >

850.00

TOTALS This Period (last page in this line only)..... >

34,980.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060923

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

3RD QT 2011

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

Non Elect Cycle

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

, 100.00

-0-

, 100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y

NONE

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

, 100.00
, 34,130.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1QT 2011

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

NON ELECT CYCLE

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

240.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

240.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03/31/2011 NONE

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

240.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060925

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1ST QT 2010

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

, 500.00

, -0-

, 500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM/DD/YYYY
03/12/2010

MM/DD/YYYY
NONE

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

500.00

TOTALS This Period (last page in this line only)..... ▶

33,796.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060926

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE / OF /

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1ST QT 2010

A. Full Name (Last, First, Middle initial) of Debtor or Creditor

Mark J. Leyva

Nature of Debt (Purpose):

Camp. Printing

Mailing Address

10027 4th Street

City

State

Highland

IN

Zip Code

46322

H.P.P.

Outstanding Balance Beginning This Period

-0-

Amount Incurred This Period

4200

Payment This Period

-0-

Outstanding Balance at Close of This Period

4200

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mark J. Leyva

Nature of Debt (Purpose):

Raffle Certificate

Mailing Address

10027 4th Street

City

State

Highland

IN

Zip Code

46322

Blyth's Sport Shop

Outstanding Balance Beginning This Period

-0-

Amount Incurred This Period

2500

Payment This Period

-0-

Outstanding Balance at Close of This Period

2500

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mark J. Leyva

Nature of Debt (Purpose):

Camp. Printing

Mailing Address

10027 4th Street

City

State

Highland

IN

Zip Code

46322

H.P.P.

Outstanding Balance Beginning This Period

-0-

Amount Incurred This Period

10700

Payment This Period

-0-

Outstanding Balance at Close of This Period

10700

1) SUBTOTALS This Period This Page (optional)

17400

2) TOTALS This Period (last page this line number only)

2296305

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

3379000

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

5675305

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

30P 2008

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☐ Primary

☒ General

☐ Other (specify) _____

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

, 1,000.00

Cumulative Payment To Date

, -0-

Balance Outstanding at Close of This Period

, 1,000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y

Date Due

M M / D D / Y Y Y Y

Interest Rate

0 % (apr)

Secured:

☐ Yes

☒ No

N O N E

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

, 1,000.00

TOTALS This Period (last page in this line only).....

, 33,290.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060928

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

30P 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Leyva, Mark, J.

Nature of Debt (Purpose):

PRIORITY MAIL FEE

Mailing Address

10027 4th St.

10-08-2008

GRIFFITH POST OFFICE
GRIFFITH IN 46319

City

State

Highland

IN

Zip Code

46322

Outstanding Balance Beginning This Period

Amount Incurred This Period

940

Payment This Period

-0-

Outstanding Balance at Close of This Period

940

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Leyva, Mark, J.

Nature of Debt (Purpose):

POST DRIVER

10-08-2008

MENARDS

1000 US Highway 41

Schererville IN 46375

Mailing Address

10027 4th St.

City

State

Highland

IN

Zip Code

46322

Outstanding Balance Beginning This Period

3079

Amount Incurred This Period

2138

Payment This Period

-0-

Outstanding Balance at Close of This Period

5217

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Leyva, Mark, J.

Nature of Debt (Purpose):

FOOD TRAYS

11-06-2008

STRACK + JANTIL

9632 CLINE AVE

Highland IN 46322

Mailing Address

10027 4th St.

City

Highland

State

IN

Zip Code

46322

Outstanding Balance Beginning This Period

Amount Incurred This Period

8898

Payment This Period

-0-

Outstanding Balance at Close of This Period

8898

1) SUBTOTALS This Period This Page (optional) ▶

119.76

2) TOTALS This Period (last page this line number only) ▶

22,489.05

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

33,290.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

55,779.05

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

3rd OT 2008

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

1,300.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

1,300.00

TERMS

Date Incurred

09 / 12 / 2008

Date Due

NONE

Interest Rate

0 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

1,300.00

TOTALS This Period (last page in this line only) ▶

32,290.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060930

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

3rd QT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Office Depot

Nature of Debt (Purpose):

09/10/2008

Mailing Address*

10332 INDIANAPOLIS BLVD

COPY FEES

City

State

Highland IN

Zip Code

46322

Outstanding Balance Beginning This Period

3,418.4

Amount Incurred This Period

3,418.4

Payment This Period

-0-

Outstanding Balance at Close of This Period

3,418.4

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GORDON FOOD SERVICE

Nature of Debt (Purpose):

08/31/2008

Mailing Address*

1601 W 81ST AVE

PARADE CANDY

City

State

Merrillville IN

Zip Code

46310

Outstanding Balance Beginning This Period

4,347.1

Amount Incurred This Period

4,347.1

Payment This Period

-0-

Outstanding Balance at Close of This Period

4,347.1

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Buy Button Parts . Com

Nature of Debt (Purpose):

09/03/2008

Mailing Address*

350 S Campbell St Unit 3

Button Parts

City

State

Valparaiso IN

Zip Code

46385

Outstanding Balance Beginning This Period

1,197.8

Amount Incurred This Period

1,197.8

Payment This Period

-0-

Outstanding Balance at Close of This Period

1,197.8

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

89633

2236929

3229000

5465929

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

2ND QT 2008

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mark J. Leyva

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

17000.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

17000.00

TERMS

Date Incurred

MM/DD/YYYY
06/19/2008

Date Due

MM/DD/YYYY
NONE

Interest Rate

0 % (apr)

Secured:

☐ YES ☒ NO

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only).....

17000.00
30990.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060932

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 2

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

2ND QT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bluehost

Nature of Debt (Purpose):

5/15/08

Mailing Address

1215 North Research Way

Hosting

City

State

Zip Code

Orem UT

84097

Outstanding Balance Beginning This Period

16680

Amount Incurred This Period

16680

Payment This Period

000

Outstanding Balance at Close of This Period

16680

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gordon Food Service

Nature of Debt (Purpose):

Parade Candy

6/19/08 - 120.54

Mailing Address

1601 W 81st Ave

6/27/08 - 115.54

City

State

Zip Code

Merrillville IN 46410

Outstanding Balance Beginning This Period

23608

Amount Incurred This Period

23608

Payment This Period

0

Outstanding Balance at Close of This Period

23608

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lowes

Nature of Debt (Purpose):

Parade prep. material

6-25-08

Mailing Address

637 US Highway 41

City

Shenandoah

State

Zip Code

IN 46375

Outstanding Balance Beginning This Period

2720

Amount Incurred This Period

2720

Payment This Period

0

Outstanding Balance at Close of This Period

2720

1) SUBTOTALS This Period This Page (optional)

43008

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

13031060933

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 2 OF 2

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

2ND QT 2008

A. Full Name (Last, First, Middle initial) of Debtor or Creditor

Schilling Bros. Lumber

Mailing Address

8900 WICKER AVE (US41)

City

State

Zip Code

SAINT JOHN IN 46373

Nature of Debt (Purpose):

Parade prep. Material
6/25/08

Outstanding Balance Beginning This Period

9532

Amount Incurred This Period

9532

Payment This Period

0

Outstanding Balance at Close of This Period

9532

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mevands

Mailing Address

1000 US Highway 41

City

State

Zip Code

Schererville IN 46375

Nature of Debt (Purpose):

Parade Prep Material
6/27/08

Outstanding Balance Beginning This Period

3079

Amount Incurred This Period

3079

Payment This Period

0

Outstanding Balance at Close of This Period

3079

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mevands

Mailing Address

6050 West Ridge Road

City

State

Zip Code

GARY IN 46408

Nature of Debt (Purpose):

Parade Prep Material
6/28/08

Outstanding Balance Beginning This Period

26684

Amount Incurred This Period

26684

Payment This Period

0

Outstanding Balance at Close of This Period

26684

1) SUBTOTALS This Period This Page (optional)

39295

2) TOTALS This Period (last page this line number only)

2147296

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

3099000

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

5246296

13031060934

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

12-P 2008

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

, , 100.00

Cumulative Payment To Date

, , -0-

Balance Outstanding at Close of This Period

, , 100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y
N O N E

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding: , , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding: , , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding: , , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding: , , .

SUBTOTALS This Period This Page (optional)..... ►

, , 100.00

TOTALS This Period (last page in this line only)..... ►

, , 29,290.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060935

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

12-P 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Office Depot

Mailing Address

10332 Indianapolis Blvd

City

State

Zip Code

Highland IN 46322

Nature of Debt (Purpose):

4/3/08
Camp. Flyer Printing

Outstanding Balance Beginning This Period

2039589

Amount Incurred This Period

9780

Payment This Period

0

Outstanding Balance at Close of This Period

2049369

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Office Depot

Mailing Address

10332 Indianapolis Blvd.

City

State

Zip Code

Highland IN 46322

Nature of Debt (Purpose):

4/10/08
Card Stock

Outstanding Balance Beginning This Period

2049369

Amount Incurred This Period

9624

Payment This Period

0

Outstanding Balance at Close of This Period

2058993

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Oliver, Chuck

Mailing Address

1109 W. 72nd Circle

City

State

Zip Code

Merrillville IN 46410

Nature of Debt (Purpose):

4/15/08
Flyer Printing

Outstanding Balance Beginning This Period

2058993

Amount Incurred This Period

6000

Payment This Period

0

Outstanding Balance at Close of This Period

2064993

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

2064993

2929000

4993993

13031060936

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

1st QT 2008

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2,000.00

-0-

2,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8 N O N E

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2,000.00

TOTALS This Period (last page in this line only)..... ▶

29,190.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060937

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

1st QT 2008

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BuyButtonParts.com

Nature of Debt (Purpose):

Button Parts 1/31/08

\$62.54

Mailing Address

350 S. Campbell St., Unit #3

City

State

Zip Code

Valparaiso

IN

46385

Outstanding Balance Beginning This Period

20,333.35

Amount Incurred This Period

62.54

Payment This Period

-0-

Outstanding Balance at Close of This Period

20,395.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

20,395.89

29,190.00

49,585.89

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

3RD QT 2007

A. Full Name (Last, First, Middle initial) of Debtor or Creditor

Leyva, Mark, J.

Mailing Address

10027 4th Street

City

State

Highland

IN

Zip Code

46322

Nature of Debt (Purpose): 09/07/07

Camp. C.C. Payments

7/11 - \$273

8/6 - \$270

9/7 - \$300

Outstanding Balance Beginning This Period

21,173.35

Amount Incurred This Period

Payment This Period

843.00

Outstanding Balance at Close of This Period

20,330.35

Personal Check

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

20,330.35
27,190.00
47,520.35

SCHEDULE C (FEC Form 3)

LOANS

PAGE 1 OF 1

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

2ND QT 2007

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mark J. Leyva

Mailing Address

10027 4th Street

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

Non-Election

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

300.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

MM / DD / YY
05 / 21 / 2007

Date Due

MM / DD / YY
NONE

Interest Rate

0% % (apr)

Secured:

☐ No ☒ Yes

List All Endorsers or Guarantors (If any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

300.00

TOTALS This Period (last page in this line only)..... ▶

27,190.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060940

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

2ND QT 2007

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Leyva, Mark, J.

Nature of Debt (Purpose):

FEC Postage - 5/17/07
Paid Cash

Mailing Address

10027 4th Street

City

State

Highland

IN

Zip Code

46322

Outstanding Balance Beginning This Period

2,055.27

Amount Incurred This Period

144.00

Payment This Period

-0-

Outstanding Balance at Close of This Period

2,056.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Leyva, Mark, J.

Nature of Debt (Purpose):

FEC Postage - 5/30/07
Paid Cash

Mailing Address

10027 4th Street

City

State

Highland

IN

Zip Code

46322

Outstanding Balance Beginning This Period

2,056.71

Amount Incurred This Period

16.25

Payment This Period

-0-

Outstanding Balance at Close of This Period

2,058.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Leyva, Mark, J.

Nature of Debt (Purpose):

Camp. CC Payment - 6/07/07
Personal Check \$290.00
Camp. CC Payment - 4/17/07
Camp. Check \$300.00

Mailing Address

10027 4th Street

City

State

Highland

IN

Zip Code

46322

Outstanding Balance Beginning This Period

2,058.35

Amount Incurred This Period

590.00

Payment This Period

-0-

Outstanding Balance at Close of This Period

2,117.35

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

2,117.35

2,719.00

4,836.35

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 5

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1ST QT 2007

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

Non-Election

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

, 200,000

Cumulative Payment To Date

, -0-

Balance Outstanding at Close of This Period

, 200,000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01 / 11 / 2007

MM / DD / YYYY NONE

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

, 200,000

TOTALS This Period (last page in this line only)..... ►

, ,

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 5

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1ST QT 2007

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

Non-Election

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

, 200.00

-0-

, 200.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02 / 05 / 2007

NONE

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ➤

, 200.00

TOTALS This Period (last page in this line only)..... ➤

, , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060943

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 3 OF 5

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1ST QT 2007

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

Non-Election

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

, 200,000

, -0-

, 200,000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

M M / D D / Y Y Y Y
N O N E

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding: , , .

SUBTOTALS This Period This Page (optional) ▶

, 200,000

TOTALS This Period (last page in this line only) ▶

, , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060944

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 4 OF 5

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1 ST QT 2007

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leyva, Mark, J.

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

Non-Election

Mailing Address

10027 4th Street

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

, 290.00

Cumulative Payment To Date

, -0-

Balance Outstanding at Close of This Period

, 290.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 7

Date Due

M M / D D / Y Y Y Y
N O N E

Interest Rate

0 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source:

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

, 890.00

TOTALS This Period (last page in this line only)..... ▶

, 26,890.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 5 OF 5

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1ST QT 2007

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mark J. Leyva

Mailing Address

10027 4th Street

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

Previous Election

City

Highland

State

IN

ZIP Code

46322

Original Amount of Loan

26,000.00

Cumulative Payment To Date

-0-

Balance Outstanding at Close of This Period

26,000.00

TERMS

Date Incurred

MM / DD / YY
01 / 01 / 2002

Date Due

MM / DD / YY
12 / 31 / 2006

Interest Rate

0%

% (apr)

Secured:

☐ No ☒

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

26,000.00

TOTALS This Period (last page in this line only)..... ▶

26,890.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031060946

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT LEYVA FOR U.S. CONGRESS

1ST QT 2007

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Leyva, Mark J.

Nature of Debt (Purpose):

Campaign Debt

Mailing Address

10027 4th Street

City

State

Zip Code

Highland

IN

46322

Outstanding Balance Beginning This Period

2,1, 2 4 2. 7 0

Amount Incurred This Period

-0-

Payment This Period

6 9 0 . 0 0

Outstanding Balance at Close of This Period

2 0, 5 5 2. 7 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

2 0, 5 5 2. 7 0

2 6, 8 9 0. 0 0

4 7, 4 4 2. 7 0

13031060947

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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--	------------------

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER

4/18/13
DATE PREPARED